

Form 4100S

Supplemental Proof of Claim for CARES Forbearance Claim 02/21

This Supplemental Proof of Claim is filed in compliance with the requirements of 11 U.S.C. § 501(f)(1) as the Debtor was granted a forbearance, including but not limited to, those under the CARES Act (15 U.S.C. § 9056 or 9057). "Creditor" in this form means "eligible creditor" under 11 U.S.C. § 501(f). File this form as a supplement to your proof of claim.

Name of creditor:

Court claim no. (if known):

4

Last 4 digits of any number you use to identify the debtor's account: 5908

Property address: 159 WEEPING CYPRESS DR
Number Street
MONCKS CORNER SC 29461
City State Zip

Part 1: Amount of Loan That Was Not Received During Forbearance Period

List of payments not received during forbearance period:

Date: <u>08/01/2020</u>	Amount: <u>\$1244.97</u>	Date: <u>02/01/2021</u>	Amount: <u>\$1244.97</u>
Date: <u>09/01/2020</u>	Amount: <u>\$1244.97</u>	Date: <u>03/01/2021</u>	Amount: <u>\$1244.97</u>
Date: <u>10/01/2020</u>	Amount: <u>\$1244.97</u>	Date: <u>04/01/2021</u>	Amount: <u>\$1244.97</u>
Date: <u>11/01/2020</u>	Amount: <u>\$1244.97</u>	Date: _____	Amount: _____
Date: <u>12/01/2020</u>	Amount: <u>\$1244.97</u>	Date: _____	Amount: _____
Date: <u>01/01/2021</u>	Amount: <u>\$1244.97</u>	Date: _____	Amount: _____

Total of payments due under the forbearance: \$11204.73

Part 2: Information About Agreement to Modify or Defer Loan Obligation

Have the Debtor and Creditor entered into an agreement to modify or defer the loan obligation in connection with the forbearance?

☐ Yes. Include the information required by 11 USC § 501(f)(2)(B)(i)-(iii) and attach copies of the writing outlining the modification or deferral:

☐ The loan was modified as follows:

☐ The amount of forborne payments and the deferral date:

☒ No. Debtor or their counsel should contact the Creditor about any resolutions that may be available to the Debtor.

☐ Other:

Part 3: Sign Here

The person completing this form must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box::

☐ I am the creditor.

☒ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

X/s/ Alexa Martini Stinson

Date 8/26/2021

Print Alexa Martini Stinson

First Name

Middle Name

Last Name

Title Authorized Agent

Company Robertson, Anschutz, Schneid, Crane & Partners, PLLC

Address 10700 Abbott's Bridge Road, Suite 170

Number

Street

Duluth, GA 30097

City

State

ZIP Code

Contact phone 470-321-7112

Email astinson@raslg.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on September 8, 2021, I electronically filed the foregoing with the Clerk of Court using the CM/ECF system, and a true and correct copy has been served via United States Mail to the following:

Dexter Alonzo Thomas
159 Weeping Cypress Drive
Moncks Corner, SC 29461

And via electronic mail to:

Russell A. DeMott
DeMott Law Firm, P.A.
300 N. Cedar Street
Suite A
Summerville, SC 29483

James M. Wyman
PO Box 997
Mount Pleasant, SC 29465-0997

US Trustee's Office
Strom Thurmond Federal Building
1835 Assembly Street
Suite 953
Columbia, SC 29201

By: /s/ Taylor Stevens